



2015

# Table Tennis Tournament

Programs for all age adults at the Redmond Senior Center



## **Schedule:**

### **Women's Doubles**

*Friday, June 5, 1 pm*

### **Men's Doubles**

*Saturday, June 6, 9am*

### **Mixed Doubles**

*Saturday, June 6,  
following Men's  
Tournament  
approximately 2 pm*

Time subject to change pending registration. All participants will be notified for start time prior to the tournament

## **Two days of Table Tennis fun!**

**Mixed Doubles ▪ Men's Doubles ▪ Women's Doubles**

**Friday, June 5, 1-5pm**

**Saturday, June 6, 9am-6pm**

**Prizes, Medals, Fun and More!**

This is a non-sanctioned match, played purely for fun. Matches will be monitored and players are expected to participate with fairness, sportsmanship and in compliance to the agreed upon rules.

Each participant is required to complete an individual registration form. The fee is \$15 per person.

Each Team will play at least 3 matches; each match will be 2-3 games Games played to 11 points.

Three tournament tables and one warm-up practice table.

If registration numbers are sufficient there will be two age categories—50-65 and 66 and over. The category is determined by the age of the youngest player.

Water, coffee, fruit and snacks included in fee. Plan to bring your own lunch on Saturday.

Medals will be awarded to 1st & 2nd place in each division.

Call 425-556-2314 for more details and to register.

The RSC is located at 8703 160th Ave NE in Redmond on the Redmond Municipal Campus . Lots of free parking!





## REDMOND SENIOR CENTER

City of Redmond, Parks and Recreation,

### Table Tennis Tournament

Friday, June 5, 1-5pm ▪ Saturday, June 6, 9am-6pm

*(Please print)*

Participant Name \_\_\_\_\_

Email Address: \_\_\_\_\_ ☐ Male ☐ Female

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

### Registration Fee (55155): \$15

Check all that apply:

☐ Men's Doubles (54541)..... Partner's Name \_\_\_\_\_

☐ Women's Doubles (54542)... Partner's Name \_\_\_\_\_

☐ Mixed Doubles (54543)..... Partner's Name \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Special Information:** Medication, allergies (bee sting, foods, etc.), limitations, surgery, heart, etc.

### WAIVER OF LIABILITY

Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by a hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waiver, release, absolve, indemnify, and agree to hold harmless the City of Redmond, its agents, employees and volunteers transporting myself or my/our child for any claim arising out of any injury to myself or my/our child, except injury caused by or resulting from the sole negligence or concurrent negligence of the City or its agents.

I also authorize the use of photographs and/or videotapes of my child/children/ward or myself as part of the City of Redmond promotions. If you do not want your photos or videos published, please call 425-556-2314.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_